APPENDIX

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

| | | | No | |
|--|---|---|------------------|-------|
| | SCHOOL EXTRA-CU | JRRICULAR ACCOUN | IT | |
| PAID BY CHECK: No. Purchased From Address Purchased For Deliver To Send Invoice To | Date | , DATE _ | | |
| TO THE DISBURSI | NG OFFICER: | | | |
| An invoice or | expense is proposed, payable from the bill to be properly itemized must show: y, number of hours, rate per hour, numb | kind of service, where perfo | rmed, dates serv | |
| Quantity | Description | Unit | Price | Total |
| | SAMI | | | |
| | | Total This Order | | |
| Signed:Per: | son Authorized to Purchase | I nereby certify that there applicable fund sufficient to Date: | pay the above of | |

Treasurer

Signed: _____

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

| | | YABLE VOUCHER ving Copy) | No | |
|---|--|---|-------------------|------------------|
| | SCHOOL EXTRA-CU | JRRICULAR ACCOUN | IT | |
| PAID BY CHECK: | Date | DATE | | |
| Purchased From Address Purchased For Deliver To Send Invoice To | | | | |
| TO THE DISBURSING | G OFFICER: | | | |
| The following ex | pense is proposed, payable from the | | | _ Fund. |
| An invoice or bil | o be made for this order until the SA- I to be properly itemized must show: number of hours, rate per hour, numb | kind of service, where perfo | ormed, dates serv | |
| Quantity | Description | Unit | Price | Total |
| | | | | |
| | | Total This Order | r | |
| Signed:Person | n Authorized to Purchase | I hereby certify that there applicable fund sufficient to Date: | n nav the ahove o | d balance in the |
| (are) true and correct | e attached invoice(s), or bill(s), is and that the materials or services which charge is made were received except. | - | Treasurer | |

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

(File Copy)

SCHOOL EXTRA-CURRICULAR ACCOUNT

| PAID BY CHECK: No. Purchased From Address Purchased For Deliver To Send Invoice To | Date | | DATE | | | | |
|--|--|--|------------------|------------------|--------------------|--|--|
| TO THE DISBURSI | NG OFFICER: | | | | | | |
| The following | expense is proposed, payable from the | 9 | | | Fund. | | |
| No payment | is to be made for this order until the SA- | -1 Form is p | operly filed and | the items have b | peen received. | | |
| | bill to be properly itemized must show: y, number of hours, rate per hour, numb | | | | rvice rendered, by | | |
| Quantity | Description | | Unit | Price | Total | | |
| | | | | | | | |
| | | | Total This Order | · | | | |
| Signed:Per | I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order Date:, | | | | | | |
| (are) true and correitemized thereon | t the attached invoice(s), or bill(s), is ect and that the materials or services for which charge is made were ed except | Treasurer I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6. | | | | | |
| Date: | | Date: _ | | , | | | |
| Signed: | Signature | | т | Freasurer | | | |

Prescribed Form SA 2 (Rev 1970)

CHECK

| | HRS WORKED | GROSS PAY | FEDERAL WITH.TAX | SOCIAL SECURITY | STATE WITH.TAX | INSURANCE | | | | PERIOD ENDING | EMPLOYEE DETACH BEFORE CASHING |
|----------------------|---|--------------|-----------------------------|--------------------|-------------------|-----------|--------|---------|--|------------------|---|
| PR | PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970) | | | | | | | | | | SA-2 (Rev. 1970) |
| | SCHOOL EXTRA-CURRICULAR ACCOUNT(NAME OF SCHOOL) | | | | | | | | | | |
| | Purpose _ P.O. No Claim No. | o | | Pay to the | | , Indi | iana | | | \$ | , |
| Payable at (Bank) | | | Superintendent or Principal | | | | Treasu | Dollars | | | |
| | Superintendent or Principal Treasurer SPACE FOR M.I.C.R. | | | | | | | | | | |

ORIGINAL

| FUND SCHOOL EXTRA-CURRICULAR ACCOUNT No | HRS WORKED | GROSS PAY | FEDERAL WITH.TAX | SOCIAL SECURITY | STATE WITH.TAX | INSURANCE | | | | PERIOD ENDING | EMPLOYEE DETACH BEFORE CASHING | |
|--|----------------------------------|--------------------|---------------------|--------------------|-------------------|-----------|----------|--|--|------------------|---|--|
| Fund | RESCRIBE | BY STAT | E BOARD OF | ACCOUNTS | | | | | | FORM No. | SA-2 (Rev. 1970) | |
| Purpose | | (NAME OF SCHOOL)No | | | | | | | | | | |
| Payable at (Bank) | Purpose P.O. No Claim No F | | | Pay to the | to the | | | | | | , | |
| NON - NEGOTIARI E | | | | | S | | <u> </u> | | | D | ollars | |
| SPACE FOR M.I.C.R. | | | | | | | | | | | | |

DUPLICATE

RECEIPT SCHOOL EXTRA-CURRICULAR ACCOUNT

| | SCH | OOL | |
|---------------------------------------|--------------------------------------|--------------------------------------|------------------------|
| | , IN | No | |
| | Pay | ment Type and Amount Credit Card/ | |
| | | MO Bank Card mount Amount | EFT Amount Other |
| | | | |
| RECEIVED FROM | | \$ | |
| THE SUM OF | | D | OLLARS |
| FOR DEPOSIT TO THE CREDIT OF | | F | UND |
| SOURCE | (Activity) | | |
| | | | |
| \sim | | TREASURER | |
| | ORIGINAL | | |
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| | | | |
| Prescribed by State Board of Accounts | | Form No | o. SA-3 (Revised 1997) |
| SCHOO | RECEIPT _ EXTRA-CURRICULAR ACCOUN | т | |
| | SCH | | |
| | , IN | No | |
| | Pay | ment Type and Amount | |
| | | MO Bank Card mount Amount | EF I Amount Other |
| | | | |
| RECEIVED FROM | | \$ | |
| THE SUM OF | | D | OLLARS |
| FOR DEPOSIT TO THE CREDIT OF | | F | UND |
| SOURCE | (Activity) | | |
| | | | |
| |) · | TREASURER | |

DUPLICATE

TICKET SALES

| SCHOOL | | | TOWN OR C | CITY | | |
|-------------------------------|-------------------------|---------------------------------------|-------------------|-------|-------------------|-----|
| GAME | | | DATE | | | |
| OTHER | | | ACTIVITY_ | | | |
| | | | | | | |
| | TICK | ETS | | 1 | | |
| KIND | ISSUED | RETURNED | TICKETS | PRICE | TOTAL AMOUNT | |
| | SERIAL NO. AM | IT. SERIAL NO. AMT | . SOLD | | SALES | |
| | | 1 | | | | |
| | | | | | | |
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| | C | 310/10 | 1 | | | |
| | TOTAL | | | | | |
| | | | | | | |
| Made by | (Title) | Verifie | ed and Approve | ed by | fficial or Sponso | ur) |
| | (Tide) | | | () | incial of oponso | '') |
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| (Form SA-4) Prescribed I | ov State Board of Acce | unte | | | No | |
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| | | TICKET SA | ALES | | | |
| | | | | | | |
| SCHOOL GAME | | | | CITY | | |
| OTHER | | | ACTIVITY | | | |
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| | | | | 7 | | |
| | TICK | ETS | | | TOTAL | |
| KIND | ISSUED | RETURNED | TICKETS | PRICE | AMOUNT | |
| | SERIAL NO. AM | IT. SERIAL NO. AMT | SOLD | | SALES | |
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| | TOTAL | | 1 | | + + | |
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| Made by | | Verifie | ed and Approve | ed by | | |
| | (Title) | | | (0 | fficial or Sponso | r) |

DUPLICATE

FINANCIAL REPORT SCHOOL EXTRA-CURRICULAR ACCOUNT

| School |
|---------------------------------|
| SCHEDULE OF BALANCES |
| RECEIPTS AND EXPENDITURES OF |
| SCHOOL EXTRA-CURRICULAR ACCOUNT |

| From | | _, | |
|------|------|--------|--|
| | | | |
| To | | | |

| NAME OF FUND | BALANCE BEGINNING OF PERIOD 1 | | RECEIPTS DURING PERIOD 2 | EXPENDITURE 3 | EXPENDITURES 3 | | <u> </u> |
|-----------------|--|---------------|-----------------------------------|------------------|----------------|----|--------------|
| | \$ | | \$ | \$ | | \$ | |
| | | | \rightarrow | | | | <u> </u> |
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| | | | | | | | |
| | | | | | | | |
| TOTAL ALL FUNDS | \$ | | \$ | \$ | | \$ | |

CASH RECONCILEMENT

| LOCATION | |
|--------------------------------------|----|
| DEPOSITORY BALANCE | \$ |
| CASH ON HAND (ADD) | |
| TOTAL CASH ON HAND AND IN DEPOSITORY | \$ |
| TOTAL OF OUTSTANDING CHECKS (DEDUCT) | \$ |
| BALANCE | |

OUTSTANDING CHECKS

DATE NUMBER AMOUNT DATE NUMBER AMOUNT

\$ BROUGHT FORWARD \$

CARRIED FORWARD \$

TOTAL \$

DETAIL OF RECEIPTS AND EXPENDITURES BY FUNDS

| | FUND | |
|----------|------|--|
| DECEIDED | | |
| RECEIPTS | | |
| | | |

| SOURCE OF RECEIPTS | NATURE OF RECEIPTS | AMOUNT |
|--------------------|--------------------|--------|
| | | \$ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL RECEIPTS | | \$ |

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2, PAGE 1.

EXPENDITURE

| PURPOSE OF EXPENDITURE | AMOUNT | |
|------------------------|--------|--|
| | \$ | |
| | | |
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| | | |
| TOTAL EXPENDITURES | \$ | |

| The bank in which a | Il moneys of this account are deposited is: |
|---|---|
| | Name of Bank |
| | Location of Bank |
| Date school officially close | d, |
| Name of Surety Amount of Bond \$ Date of Expiration CERTIR | BOND OF SCHOOL TREASURER/PRINCIPAL |
| Account, hereby certify the of my knowledge and belie | , Treasurer, School Extra-Curricular the foregoing report of the said account is true and correct to the best ef. I further certify that copies of this report have been filed with the to receive copies of said report. |
| | Treasurer |
| | Principal |
| COPIES TO BE FILED AS | FOLLOWS: |
| Township School: | 1 copy to Township Trustee 1 copy to County Superintendent |
| School Corporation: | 1 copy to Board of School Trustees or Board of School Commissioners1 copy to Superintendent of Schools |

Prescribed by State Board of Accounts Form SA-6 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT

| FLIND | NO |
|-----------|----|
| I OND | NO |

| DATE | ITEM | RECEIPT OR CHECK NO. | ~ | RECEIPTS DEBIT | DISBURSEMENTS CREDIT | BALANCE | |
|------|------|--|---------------|-------------------|-------------------------|---------|------------|
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Date _____, ____

Treasurer

CLAIM FOR PAYMENT

| | | CLAIM FOR PATIMENT | | | |
|--|---|---|----------------------|-----------------|--|
| | | | | No | |
| | SCHOOL | EXTRA-CURRICULAR | ACCOUNT | | |
| PAID BY CHECK: | Date | , | DATE _ | | |
| Purchased From Address Purchased For Delivered To | | | | | |
| Invoice Handed To | | | | | |
| TO THE DISBURSING | OFFICER: | | | | |
| The following ex | pense is proposed, payable t | from the | | Fund. | |
| No payment is to | be made for this order until | the SA-7 Form is properly filed | and the items have | been received. | |
| | to be properly itemized musturs, rate per hour, number of | t show: kind of service, where punits, price per unit, etc. | performed, dates se | rvice rendered, | by whom, rates |
| Quantity | De | scription | Unit | Price | Total \$ |
| | | | Total This Order | | \$ |
| | | | | | <u> </u> |
| | | Approved for | Payment | Signatu | re |
| | | r bill(s), is (are) true and correct d except | | | |
| Date | | Signed: | S | ignature | |
| I hereby certify the 10-1.6. | hat the attached invoice(s), o | r bill(s), is (are) true and correct | t and I have audited | same in accord | dance with IC 5-11- |

| Date: | SUMMARY COLL | ECTION FORM | NUMBER |
|--------------------------|---|----------------------------|--|
| | | | School |
| Deposit To: | (Fund) | Time Frame of Fundra | aiser: |
| Reason for Receipts: _ | (Fund | draiser, Field Trip) | |
| Sponsor: | (Please Print Name) | , Title: | |
| RECEIPT DETAIL: | | | |
| CASH: | | | |
| CHECKS AND M | | Detail Below) | |
| found to have a dischera | acv will be returned. Melase | e\face bills and roll char | the Treasurer. Any summary the when possible. The Extra- the the Collection Summary is |
| turned in. | | | |
| AND REP | CCURATELY ACCOUNTED PRIZED THE SAME HEREIN Representative, Name is Pr | | |
| (A | Detail Checks/Money | | |
| , | Number Amount Numb | <u> </u> | er Amount |

| <u>Number</u> | <u>A m ount</u> | <u>Number</u> | <u>A m ount</u> | Number | <u>A m ount</u> | <u>Number</u> | <u>A m ount</u> |
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| | | | | | | | |
| Subtotal | \$ | Subtotal | \$ | Subtotal | \$ | Subtotal | \$ |

| Amount From Additional Sheets | \$ |
|-------------------------------|----|
| Grand Total | \$ |

| Date: | ACCOUNTABLE ITEMS REVIEW | Number: |
|---|--------------------------|---------|
| | | School |
| Time Frame of Report: | DESCRIPTION | : |
| Beginning Inventory | | |
| Purchases | | |
| Subtotal | | |
| Complimentary Distributions Per School Board Policy: | | |
| Athletic Teams | | |
| Staff Meetings | | |
| Awards | | |
| Other Total Total Eligible for Sale | | |
| Ending Inventory Items Sold | | |
| Sale Price | \$ | |
| Projected Revenue (Items Sold @ | Sale Price) | \$ |
| Actual Amount Received | | \$ |
| Difference | | \$ |
| Signed: | Title: | |

INVENTORY OF RENTAL TEXTBOOKS

| Date | Name of School or School Corporation |
|------|--------------------------------------|

| NAME OF | T | 1 | ı | |
|------------|---------------------|----------|-----------------|--|
| | NAME OF TEXTBOOK OF | | DETAIL | TOTAL |
| PUBLISHING | NAME OF TEXTBOOK OR | QUANTITY | RETAIL PRICE | TOTAL |
| COMPANY | SERIES OF TEXTBOOKS | QUANTITY | PRICE | VALUE |
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|---------------|--------------|----------------|-----------------------|--|-------------------------------|---------------------|-------------------|-----------------|-----------------------|
| | Date | | - | Name of Stu | ıdent | | Grade | | |
| | | | | Payment Ty | pe and Amount Credit Card/ | | | | |
| | | Cash Amount | Check/Draft Amount | MO Amount | Bank Card Amount | EFT Amount | Other | | |
| | | 7 WHO GITE | 7 WINGUIN | 7 till Galle | 7 unount | 7 WHO GITE | Culoi | | |
| Overtity | | Deceriation | Nama Carias | Codo | | Unit Price | Total | Fortles | of locuing Officer |
| Quantity | | Description | - Name - Series - | Code | | Onit Price | Rental Fee | For Use | of Issuing Officer |
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| otal Received | | | | | | \$ | \$ | | |
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| E TO STUDENTS | AND PARENTS: | | | | | | | | |
| | | | c in order that all k | hooke may he re | eturned at the clo | se of the school te | rm in useable con | dition For each | n texthook lost or re |

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| | SCHOOL FOOD SERVICE | |
|--------|---|-------|
| School | CERTIFICATION OF MEALS PROVIDED PER HOME RULE | Date, |

| | | | | | | | | | | | | | DAY | OF N | 1ONT | Н МЕ | AL F | PROV | 'IDED |) | | | | | | | | | | | _ |
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| NAME/POSITION | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| TOTAL THIS PAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

I certify that the above named individuals received meals on the dates designated in accordance with written School Board Policy.

| Authorized Signature | |
|----------------------|--|

Form Prescribed by State Board of Accounts SCHOOL FOOD SERVICE DAILY RECORD OF CASH RECEIVED School Form SF-2 (Revised 1998)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | School | ol | | | | | | | |
|----------|------|----|------|----|----|-------|-----|----------|----------|---|------|-------|-------|-------|--------|-------|-------|--------|----------------|---------------|------|---------------|----------------|-----------------|------------------|---------------|--|----|---|----|--------|-----|---------|----|----------|----|-----|-----|------|-------|-------|-----------------------------------|----------|
| | | | | | | | | | | | CA | ASH R | ECEI\ | VED F | OR | | | | | | | | | | | | | | | | | | | | | | | | | FEDE | RAL | | T |
| 当 | DATE | Т | ГОТА | L | | LUN | NCH | | | C | THER | RECE | IPTS | | | BR | EAKFA | AST | | | KIND | | STL | JDENT | - | ADU | LT | | | | REPAID | | PREPAID | | | | STA | | REI | MBURS | SEMEN | TS | 삦 |
| LINE | | | CASH | | | | | | | | | | | | | | | | | | PECI | | | ALA | | ALA | | | REPAID | | -OOD | | FOOD | | | | MAT | | | | | | SCLINE |
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SCHOOL FOOD SERVICE DAILY RECORD OF MEALS/MILK SERVED

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Form Prescribed by State Board of Accounts SCHOOL FOOD SERVICE CASH DISBURSEMENTS School Form SF-3 (Revised 1998)

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SCHOOL FOOD SERVICE LEDGER OF RECEIPTS, DISBURSEMENTS AND BALANCE School Form SF-4 (Revised 1998)

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Form Prescribed by State Board of Accounts

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SCHOOL FOOD SERVICE TICKET CONTROL

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